MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1242

1005

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
8½ W. Franklin St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 48 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or ~~town~~ Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8½ W. Franklin
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jessie Viola Adams

3. (b) Social Security Number none.

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced widow

6 (b) Name of husband or ~~wife~~ Amos H. Adams

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 28- 1891

8. AGE: Years 48 | Months 10 | Days - | If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Almer D. Spigler
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Lilly R. Blair
15. Birthplace Pa

16. Informant Miss Lillian Adams.
Address Hagerstown, Md.

17. Burial Date thereof Jan 31- 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19 Jan 30. 19 40 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-40 19____, at ____M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-22-40 19____, to 1-28-40 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Chronic Myocarditis	1938
Due to	
Due to	
Other conditions Cerebral Stroke	1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE H. E. Young M.D.
M. D. or other
Address Hagerstown Date signed 1-29-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Earl Young

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

1006

Reg. Dist. No. 30 3

1. PLACE OF DEATH:

County Washington

City or town near Clearspring (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Twenty years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Clearspring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorie C. Ankeney

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife Charles S. Ankeney

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 - 1871

8. AGE:

Years	Months	Days	If less than one day
68	8	16	hrs. min.

9. Birthplace Broadfording Wash Co Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own Home

FATHER 12. Name Frisby J. Spickler

13. Birthplace St Paul Wash Co Md.

MOTHER 14. Maiden name Ellen V. Mace

15. Birthplace Broadfording Wash Co. Md.

16. Informant Reginald S. Ankeney

Address Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 25-1940 (month) (day) (year)

Cemetery or crematory St Paul.

Location near Clearspring

18. Funeral director G. M. Suter & Sons

Address Hagerstown, Md.

19. Jan 25 1940 (Date rec'd by registrar) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7 1938, to January 23 1940, and that I last saw him alive on January 20 1940.

Immediate cause of death	DURATION
Epidermoid Carcinoma. left leg with metastasis	5 years -
Due to Pulmonary Embolus	1 hour.
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur Robert Cohen M.D.
M. D. or other

Address Clearspring Md Date signed 1/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

1007

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Potomac St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Potomac St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Ardinger

3. (b) Social Security Number Poss - 385-05-9182 Poss - 718-14-2071

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorris Ardinger

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15 1876

8. AGE: Years	Months	Days	If less than one day
63	8	29	hrs. min.

9. Birthplace Burkerly Co. West Va.
(Town, county, and state)

10. Usual occupation Nursery

11. Industry or business

FATHER
12. Name Charles Ardinger
13. Birthplace Williamsport, Md

MOTHER
14. Maiden name Eliza Virginai Lemen
15. Birthplace Burkerly Co. West Va

16. Informant Robert Ardinger (brother)
Address Williamsport, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan. 15 1940 (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Md

18. Funeral director Edith V. Leaf

Address Williamsport, Md

19. Jan 15 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1-39 19 , to 1-13-40 19 ,
and that I last saw him alive on 1-13-40 19

Immediate cause of death	DURATION
Cerebral Embolism	1-1-40
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	1938

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl Young Mrs M. D. or other
Address Hagerstown Md Date signed 1-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

1008

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days) 35 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 149 N. Potomac

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Bading

3. (b) Social Security Number 217-10-2934

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6 (b) Name of husband or wife Anna Bading

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 17- 1889

8. AGE:

Years	Months	Days	If less than one day
50	-	14	____hrs. ____min.

9. Birthplace Germany (Town, county and state)

10. Usual occupation Clerk

11. Industry or business Grocer Fruit Store

FATHER 12. Name Not Known

13. Birthplace Germany

MOTHER 14. Maiden name Not Known.

15. Birthplace Germany

16. Informant Howard Blading

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Rest Haven.

Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Md.

19. 1-3-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to Jan 1 1940, and that I last saw h / M alive on Jan 1st 1940.

Immediate cause of death Lobar Pneumonia — DURATION 2 days

Due to Type VI Pneumococcus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip J Bushman M.D.

M. D. or other

Address Hagerstown Md Date signed 1/2/40

US A15

RECEIVED
FEB 5 1968
W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94(2)

CERTIFICATE OF DEATH

1009

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1135 Potomac Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1135 Potomac Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Warren Murray Baechtel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. W. M. Baechtel (Frances)
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): June 16 1889

8. AGE: Years	Months	Days	If less than one day
50	6	23	— hrs. — min.

9. Birthplace: Hagerstown, Wash. Co., Md. (Town, county, and state)
10. Usual occupation: Real Estate
11. Industry or business: Baechtel Realty

FATHER
12. Name: Charles William Baechtel
13. Birthplace: Wash. Co., Maryland

MOTHER
14. Maiden name: Cena I. Webb
15. Birthplace: Baltimore, Maryland

16. Informant: Caroll Baechtel (brother)
Address: Hagerstown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 11, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Maryland
18. Funeral director: Scott Minnich & Son
Address: Hagerstown, Maryland

19. 1-10-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8, 1940, at 6:15P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XX 19__, to 19__, and that I last saw him alive on 19__.

Immediate cause of death: Coronary Thrombosis — DURATION: Dec. '36
Due to: Bronchitis — Dec. '39
Due to: Acute ventricular fibrillation — 1/8/40
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: NO
Of autopsy: NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Deputy Med. Exam. Wash., Co., Md.
Address: Hagerstown, Maryland Date signed 1-9-40

RECEIVED
FEB 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

1010

Reg. Dist. No. 306

1. PLACE OF DEATH:
County Washington
City or town Near Smithsburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 70.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wash.
City or town Near Smithsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. None
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Martha Ann. Barkdoll

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ David. B Barkdoll.
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 7-17-1868

8. AGE: Years	Months	Days	If less than one day
75	5	22	— hrs. — min.

9. Birthplace Near Hagerstown Fred. Co Md (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business none
FATHER 12. Name Jacob Williams
13. Birthplace Near Hagerstown. Fred Co Md
MOTHER 14. Maiden name Elizabeth Smith
15. Birthplace Near Mt Joy
16. Informant David. Barkdoll
Address Smithsburg Md
17. (Burial, cremation, or removal, which?) Date thereof 1-11-1940 (month) (day) (year)
Cemetery or ~~crematory~~ Smithsburg County
Location Smithsburg Md
18. Funeral director Geo. B Hoover
Address Smithsburg Md
19. Jan 10 1940 Geo. W. Ferguson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 9 1940, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March — 1939, to Jan - 9 1940, and that I last saw h~~er~~ alive on Jan 8 1940.

Immediate cause of death Generalized arterio-sclerosis — DURATION 8 yrs.
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Dallis H Barkdoll M. D. or ~~other~~
Address Waynesboro Pa Date signed 1/9/40.

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

1011

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
13 Fourth St

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminister Rural R D 3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Dora Barnhart

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Famale	White	Married

6 (b) Name of husband or wife Louis G. Barnhart

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 15, 1870

8. AGE: Years ~~68~~ 69 | Months 6 | Days ~~28~~ 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Union County, N. Carolina
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name Marshall Polk

FATHER 13. Birthplace Unknown- N. Carolina

MOTHER 14. Maiden name Jane Funderburck

MOTHER 15. Birthplace Unknown- N. Carolina

16. Informant Louis G. Barnhart

Address Westminister, Md. R D 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 15 1940 (month) (day) (year)

Cemetery or crematory Snydersburg Cemetery

Location Snydersburg, Md.

18. Funeral director Fred W Kraiss

Address Hagerstown, Md.

19. 1-13-40 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1940 - 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXX 19__, to 19__, and that I last saw her alive on 19__.

Immediate cause of death	DURATION
Coronary Thrombosis	1/12/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Deputy Med. Exam. D Robert Mueller Wash., Co., Md.
M. D. or other

Address Hagerstown Md Date signed 1-13-40

VS A15 (I) (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131b)

CERTIFICATE OF DEATH

1012

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Reform Church Home

Stay in hospital or inst. (yrs., or mos., or days) Six Months

Stay in this community (yrs., or mos., or days) 90 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wash.

City or town Canetown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda H Beamer

3. (b) Social Security Number None

4. Sex: Feminine

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1849

8. AGE: Years 90 | Months 2 | Days 26 | If less than one day hrs. min.

9. Birthplace Smithsburg Md
(Town, county, and state)

10. Usual occupation Post Mistress

11. Industry or business

FATHER
12. Name Henry Beamer
13. Birthplace Smithsburg Md

MOTHER
14. Maiden name Elizabeth Shank
15. Birthplace Smithsburg Md

16. Informant Edward Beamer

Address Canetown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 25 1940 (month) (day) (year)

Cemetery or crematory Canetown

Location Canetown Md

18. Funeral director William H Downey

Address 100 E Balto. St Hagerstown

19. Jan. 24, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1939, to Jan 22 1940, and that I last saw her alive on Jan 22 1940.

Immediate cause of death Chr. Myocarditis
Chr. Nephritis

DURATION
5 yrs
5 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad
M. D. or other

Address Hagerstown, Md Date signed 1-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(M-a)

CERTIFICATE OF DEATH

1013

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 277. So. Potomac.

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 70 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Mayland County Washington.

City or town Hagers town. Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 277 So Potomac. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Jane Katherine Bender

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 15 1850

8. AGE:

Years	Months	Days	If less than one day
89	5	10	hrs. min.

9. Birthplace Waynesboro (Town, county, and state)

10. Usual occupation Music Teacher

11. Industry or business Retired

FATHER

12. Name Joseph. Bender.

13. Birthplace Waynesboro Pa

MOTHER

14. Maiden name Eliz. Ripper.

15. Birthplace Waynesboro.

16. Informant Mrs C.L. Wagner.

Address Hagers town Md

17. Burial. Date thereof Jan 27- 1940 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939 to January 25 1940 and that I last saw h alive on January 15 1940

Immediate cause of death Arteriosclerotic Heart disease — DURATION ?

Due to

Due to

Other conditions Fracture of right femur — Nov. 14 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? Brunswick (City or town) Frederick (County) Md (State)

Injured at home, farm, industry, public place (where?) public street

Means of injury fell on step Injured at work? yes

23. SIGNATURE R.B. Norment MD

Address Hagerstown Md M. D. or other

Date signed 1.27.

Dr. Norment

RECEIVED
FEB 5 1940
BUREAU V. 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

1014

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Trego

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. O. Keedysville Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Trego Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. P.O. Keedysville Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Ellen Benson

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored ~~White~~

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: D. E. Benson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 20 1851

8. AGE: Years 88 | Months 10 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Own Home

FATHER 12. Name: Henry Jones

13. Birthplace: No Record

MOTHER 14. Maiden name: No Record

15. Birthplace: " "

16. Informant: Ellen Lee Fuller

Address: P.O. Keedysville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: February 1 1940 (month) (day) (year)

Cemetery or crematory: Red Hill Cemtery

Location: Keedysville Md

18. Funeral director: Wm. T. Bast & Son

Address: Boonsboro Md

19. Feb. 1 1940 (Date rec'd by registrar) Mrs. Katherine Vogelsang Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30 1940, at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Jan 30 1940, and that I last saw her alive on Jan 30 1940.

	DURATION
Immediate cause of death: Uremia	3 days
Due to: Chronic Nephritis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE L. B. Staley M.D. M. D. or other

Address Keedysville Md Date signed Feb. 1 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSA15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

1015

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington

County ~~Antrim Township, Franklin C~~

City or town ~~Rural Near Greencastle~~ Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Pa. County Franklin

City or town State Line Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Matrona Brachbiel

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1918

8. AGE: Years 21 | Months 9 | Days 14 | If less than one day hrs. min.

9. Birthplace Fayetteville, Pa. (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name N. W. Brachbiel

13. Birthplace New Burg, Pa.

MOTHER 14. Maiden name Lottie Ann Baker

15. Birthplace Scotland

16. Informant N. W. Brachbiel

Address State Line, Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30, 1940 (month) (day) (year)

Cemetery or crematory Green Hill

Location Waynesboro, Penna.

18. Funeral director W. Y. Grove

Address 27 South Church St

19. Jan. 27, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1940, at 10:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXX 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death	DURATION
Amuptation left arm	1/26/40
Due to Fractured skull and lumbar spine	
Due to Fractured (L)humerus	
Other conditions Hemorrhage and shock	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy NO

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Jan. 26 '40

Where did injury occur? Middleburg (City or town) (County) Penna. (State)

Injured at home, farm, industry, public place (where?) U.S. Highway

Means of injury Automobile Injured at work? NO

23. SIGNATURE S. Robert Mells Deputy Med. Exam. Wash. Co., Md. M. D. or other

Address Hagerstown, Md. Date signed 1/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124a)

CERTIFICATE OF DEATH

1016

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 das.
Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 429 Summit Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Patrick James Brennan.

3. (b) Social Security Number 175-10-8602.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Hattie.
6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 2 - 1902

8. AGE:

Years	Months	Days	If less than one day
38	7	28	____ hrs. ____ min.

9. Birthplace Valeda Labette Co. Kansas.
(Town, county, and state)
10. Usual occupation Production Manager.
11. Industry or business Monheds Baking Co.
FATHER 12. Name James F. Brennan
13. Birthplace Omaha Neb.
MOTHER 14. Maiden name Jennie Brennan
15. Birthplace Omaha Neb.
16. Informant Mrs. Hattie Brennan.
Address Hagerstown Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feb 2 1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Feb. 1. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-23 1940, to 1-30 1940, and that I last saw him alive on 1-30 1940.

	DURATION
Immediate cause of death Delirium Tremens	48 hours
Due to Chronic Alcoholism	4 years.
Due to	
Other conditions Cirrhosis of liver Bronchial asthma	Few years? 33 years.

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy Not done

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John A Hornbaker M.D. M. D. or other
Address 150 W. Washington St. Hagerstown, Md. Date signed 1-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Hornbaker

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

1017

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Western Pike

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town near Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Western Pike.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR none

3. (a) FULL NAME Lelia Catherine Burgan.

3. (b) Social Security Number 214-09-5846

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife none.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2- 1910

8. AGE: Years 29 Months 8 Days 19. If less than one day ___ hrs. ___ min.

9. Birthplace Huyetts, Wash. Co Md. (Town, county, and state)

10. Usual occupation Stitcher.

11. Industry or business Hag. Shoe & Legging Co.

FATHER

12. Name Herbert Burgan.

13. Birthplace Sharpsburg Md.

MOTHER

14. Maiden name Alice Braguhier.

15. Birthplace Cearfoss. Md.

16. Informant Mrs. Alice Burgan

Address Hagerstown. Md R#2.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jany 24-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Jan. 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 21 1940, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-13-40 19__, to 1-21- 1940, and that I last saw her alive on 1-21- 40 19__.

Immediate cause of death: Chr. Myocarditis, Sudocarditis (Bacterial)

Due to

Due to

Other conditions Arterial carbolism

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 8/38; 1/14/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Ditto

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

1018

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Funkstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: West Side Alley
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Funkstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. West Baltimore
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura K. Carr

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Sanford Carr
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3 - 1867

8. AGE:

Years	Months	Days	If less than one day
72	1	4	hrs. min.

9. Birthplace Wolfsville, Fred. Co. Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James Waugh
13. Birthplace Hagerstown, md
MOTHER 14. Maiden name Margaret Pryor
15. Birthplace Wolfsville, md.
16. Informant Leon E. Carr
Address Funkstown, md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 9 - 1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, md.
18. Funeral director E. F. Reecher
Address Funkstown, md.
19. 1 - 8 - 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1940, at 8:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1, 1940, to Jan. 7, 1940, and that I last saw h[illegible] alive on January 6, 1940.

	DURATION
Immediate cause of death Acute Bronchopneumonia	1 week
Due to	
Due to	
Other conditions Chronic myocarditis & hypertension. (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No autopsy

2
PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. A. Bell M. D. or other
Address Hagerstown Md Date signed 1/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

RECEIVED
FEB 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-9 K

CERTIFICATE OF DEATH

1019

Reg. Dist. No. 382

1. PLACE OF DEATH:

County Washington

City or town Hagerstown R F 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural Near Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine A Ceafoss

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles W Ceafoss

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	5	hrs. min.

9. Birthplace Near Ceafoss Wash. Md.
(town, county, and state)

10. Usual occupation None

11. Industry or business "

FATHER
12. Name Nicholas Martin
13. Birthplace Near mercersburg Pa

MOTHER
14. Maiden name Barbara Nebert
15. Birthplace Near Chewsville Md.

16. Informant Mrs. Margerite Anthony

Address Hagerstown Md R 3 2

17. Burial Date thereof Jan 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of Brethern

Location Broadfording Md.

18. Funeral director Scott & Munnich Hon

Address Hagerstown Md.

19. Jan 26 19 40 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 40, at 3:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 19 40, to Jan 24 19 40, and that I last saw h er alive on Jan 24 19 40.

Immediate cause of death	DURATION
Hemiplegia	
Due to	
Due to	
Other conditions Carcinoma - Head of Pancreas	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Hentlex
M. D. or other

Address 134 N Potomac Date signed 1-25-40

clutter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

1020

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Salem ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Russell A. Clark

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Hazel Clark

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 22 - 1897

8. AGE: Years	Months	Days	If less than one day
42	10	13	——hrs. ——min.

9. Birthplace: Richmond, Henrico, Va.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER — 12. Name: Ectopias Clark

FATHER — 13. Birthplace: Williamsburg, Va.

MOTHER — 14. Maiden name: Anna J. Wilkinson

MOTHER — 15. Birthplace: Richmond, Va.

16. Informant: Mrs. Anna Clark

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8 - 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 1-8-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH: Jan. 4 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——19—— to ——19——

and that I last saw h——alive on ——19——

Immediate cause of death	DURATION
Gun shot wound (R) thigh	1/4/40
Due to Hemorrhage (femoral)	1/4/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: NO

Of operations:

Of autopsy: As above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of: Jan. 4 '40

Where did injury occur? St. James, (City or town) Wash., (County) Maryland (State)

Injured at home, farm, industry, public place (where?): Farm

Means of injury: Shot gun Injured at work? NO

23. SIGNATURE: R. Baker Wells Deputy Med. Exam. Wash., Co., Md.

M. D. or

Address: Hagerstown, Md. Date signed: 1-4-40

RECEIVED
FEB 5 1946
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1021

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Cline

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 18. 1940

8. AGE: Years — Months — Days — If less than one day ____ hrs. ____ min.

9. Birthplace: Hagerstown Md.
(Town, county, and state)

10. ~~Usual occupation~~: Wash. Co. Hospital

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Elizabeth Cline
15. Birthplace: Boonsboro Md.

16. Informant: John K. Cline

Address: Boonsboro Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: January 18. 1940 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetary

Location: Boonsboro Md.

18. Funeral director: Wm. T. Bast & Son

Address: Boonsboro Md.

19. Jan. 18. 1940 (Date rec'd by registrar) Chas. A. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18 1940, at 11:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1940, to Jan 18 1940, and that I ~~[illegible]~~ saw her STILLBORN ~~[illegible]~~ on Jan 18 1940.

Immediate cause of death: Placenta Praevia (5 Mo Preg.)

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Placenta Praevia (5 Mo Preg)

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. B. Draper M. D. M. D. or other

Address: Boonsboro Md. Date signed 1-18-40

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-a)

CERTIFICATE OF DEATH

1022

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Yarrowsburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural - P.O. Knoxville Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Yarrowsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - P.O. Knoxville Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Ellen Coblentz

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife Albertus Coblentz

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 17, 1857

8. AGE:

Years	Months	Days	If less than one day
82	4	10	____ hrs. ____ min.

9. Birthplace Yarrowsburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name John Hoffmaster

13. Birthplace Yarrowsburg Wash. Co. Md.

MOTHER

14. Maiden name Eliza J. West

15. Birthplace Yarrowsburg Wash. Co. Md.

16. Informant Mrs. Nellie Rickard

Address Knoxville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jany 30. 1940 (month) (day) (year)

Cemetery or crematory Episcopal Cemetary

Location Brownsville Md.

18. Funeral director W. J. Bast & Son

Address Boonsboro Md.

19. Jan 28th 1940 (Date rec'd by registrar) Cornelius H. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to Jan 27 1940, and that I last saw he alive on Jan 27 1940.

	DURATION
Immediate cause of death Hypostatic Pneumonia	week
Due to Fractured Hip, Rt.	
Due to An accidental fall; in her home at Yarrowsburg, one year before death.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Jan. 1939

Where did injury occur? Yarrowsburg, (City or town) Washington, (County) Maryland (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE William Schnepper M. D. or other

Address Brunswick R. Date signed Jan 28 1940

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

1023

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash Co Hospital-
Stay in hospital or inst. (yrs., or mos., or days) 3 wks.
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Leitersburg Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Hamilton Deibert

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Mary-

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 20 - 1862

8. AGE: Years	Months	Days	If less than one day
77	-	18	hrs. min.

9. Birthplace Pondsville Wash Co Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER
12. Name Hamilton V. Deibert
13. Birthplace Pondsville Md.

MOTHER
14. Maiden name Mary Flory
15. Birthplace Middleburg Md.

16. Informant Isaac Deibert
Address Hagerstown. Md.

17. Burial. Date thereof Jan 10 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. Jan. 4. 40 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Jan 7 1940, and that I last saw him alive on Jan 4 1940

Immediate cause of death arteriosclerosis
Chr nephritis
uraemia

? DURATION
?
1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Porterfield M.D.
M. D. or other
Address 136 W Washington Date signed 1/8/40

Porterfield.

RECEIVED
FEB 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

1024

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 540 W. Church St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 540 W. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born (Diehl)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28-1940

8. AGE: Years — Months — Days — If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown, Washington Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name George Diehl

FATHER 13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Daisy Baiger

MOTHER 15. Birthplace Cumberland, Md.

16. Informant George Diehl

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30-1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md

16. Funeral director C. M. Lutz & Sons

Address Hagerstown, Md.

19. Jan. 30 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 11:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death	DURATION
Due to St. ill born	
Due to 7 Mo foetus	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Campbell M.D. M. D. or other

Address Hagerstown Date signed Jan 31st 1940

Dr Thrall Campbell

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (45C) Y

CERTIFICATE OF DEATH

1025

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Washington
City or town Clearspring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mazie Duvall

3. (b) Social Security Number —

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ xxx Charles E. Duvall
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/18/ 1883
8. AGE: Years 57 Months 9 Days 27 If less than one day hrs. min.
9. Birthplace Washington County (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name David Repp
13. Birthplace Washington Co. Md.
MOTHER 14. Maiden name Hannah White
15. Birthplace Washington Co. Md.
16. Informant Charles E. Duvall
Address Clearspring, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/16/40 (month) (day) (year)
Cemetery or crematory Blairs Valley Cemetery
Location Near Clearspring
18. Funeral director Snyder & Rowland
Address Clearspring, Md.
19. Jan 16 1940 (Date rec'd by registrar) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1940, at 3:30 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 14 1938, to January 14 1940, and that I last saw her alive on January 14 1940.

Immediate cause of death Malnutrition, acute Anaemia, chronic
Due to Carcinoma Tongue
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

DURATION
2 mos.
2 years
2 years.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Arthur Robert Cohen M. D.
Address Clearspring, Md. Date signed 1/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

1026

CERTIFICATE OF DEATH

Reg. Dist. No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Keedysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main Street
Stay in hospital or inst. (yrs., or mos., or days) at Home.
Stay in this community (yrs., or mos., or days) 17 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main Street
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Martin L. Flook

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 3 1851

8. AGE: Years 89 | Months 0 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Bolivia - Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Joshua Flook
13. Birthplace Middletown Fred. Co. Md.

MOTHER
14. Maiden name Elizabeth Crone
15. Birthplace Middletown Fred. Co. Md.

16. Informant Mrs. John Flook
Address Keedysville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Janry 7 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.

18. Funeral director W. J. Bast & Son
Address Boonsboro Md.

19. Jan 6 1940 (Date rec'd by registrar) R A Keefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1939, to Dec 29 1939, and that I last saw him alive on Dec 29 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 2 weeks

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. R. Stotler M.D
M. D. or other
Address Keedysville Md. Date signed Jan 6 1940

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

1028

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 714 George Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 714 George Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Fritz

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Jesse E. Fritz
6(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) March 1, 1867

8. AGE: Years 72 | Months 10 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington County, Md.
(Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business

FATHER
12. Name George McKane
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Mary Bowers
15. Birthplace Washington County, Md.

16. Informant Jesse E. Fritz
Address Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof January 9, 1940
(month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Jan. 9. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1940 11:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-38 19__, to 1-6-40 1940, and that I last saw her alive on 1-5-40 19__.

Immediate cause of death Diabetes Mellitus — DURATION 1925
Due to
Due to Chr. Myocarditis — 1932
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. E. W. Ditto M. D. ~~or other~~
Address Hagerstown Md Date signed 1/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

1029

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
722 Salem Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 722 Salem Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Ellen Garvin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William H. Garvin

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) November 28, 1870

8. AGE:

Years	Months	Days	If less than one day
69	2	19	____ hrs. ____ min.

9. Birthplace Hagerstown- Washington-Maryland
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name James Moore

FATHER 13. Birthplace Washington County, Md.

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant William H. Garvin

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 19, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. Jan. 18, 1940 (Date rec'd by registrar) Chas. H. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940 at 11:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th. 1938 to January 16 1940, and that I last saw her alive on January 16th., 1940

Immediate cause of death Chronic Myocarditis — DURATION 2 yrs.

Due to

Due to

Other conditions Chronic Nephritis — 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stanley Young M.D. M. D. or other

Address Hagerstown, Maryland Date signed 1/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
JUNEAU, ALASKA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

1030

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sudden death 417 Suman's Avenue-

Stay in hospital or inst. (yrs., or mos., or days) Non resident of

Stay in this community (yrs., or mos., or days) Hagerstown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Pennsylvania County Franklin

City or town Greencastle Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 454 E. Baltimore St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George W. Gelsinger

3. (b) Social Security Number 217-10-3405

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Susan Gelsinger

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1873

8. AGE:

Years	Months	Days	If less than one day
66	5	26	hrs. min.

9. Birthplace Green Township-Franklin- Pa. (Town, county, and state)

10. Usual occupation Mill Wright

11. Industry or business

FATHER 12. Name Samuel Gelsinger

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Elizabeth Palmer

MOTHER 15. Birthplace Greencastle, Pa.

16. Informant C. N. Garns-

Address Waynesboro, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 28, 1940 (month) (day) (year)

Cemetery or crematory Cedar Grove Cemetery

Location Chambersburg, Pa.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 1-28-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1940- 9:40 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death — DURATION

Coronary Occlusion — 1/26/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Richard Wells Deputy Med. Exam. Wash., Co., Md. M. D. or other

Address Hagerstown Md. Date signed 1/27/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (131-8)

CERTIFICATE OF DEATH

1031

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County: Washington

City or town: Antietam
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wash.

City or town: Sharpsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lucinda Gifft

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Oscar Gifft

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 12, 1872

8. AGE:

Years	Months	Days	If less than one day
68	5	27	hrs. min.

9. Birthplace: Sharpsburg, Wash., Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Marshall
13. Birthplace: Unknown

MOTHER
14. Maiden name: ~~Unknown~~ Hines
15. Birthplace: Sharpsburg Md

16. Informant: Mrs. John Gardner

Address: Antietam- Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 (month) 2 (day) 1940 (year)

Cemetery or crematory: Mt. View

Location: Sharpsburg-Md.

18. Funeral director: R. I. Earnshaw

Address: Keedysville, Md.

19. 2-6 1940 (Date rec'd by registrar) E. H. Boyer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31, 1940, at 2.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about Dec 1 1939, to Jan 30 1940 and that I last saw h- alive on Jan 30 1940.

	DURATION
Immediate cause of death: Hangnail of Left great toe	2 mo.
Due to: Arteriosclerosis	15 yrs.
Due to:	
Other conditions: Chronic interstitial nephritis	15 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Walter H. Sheely M.D.
M. D. or other

Address: Sharpsburg, Md Date signed 1/31/40.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1317)

CERTIFICATE OF DEATH

1032

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Security
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 29 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Security Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James C. Godlove

3. (b) Social Security Number 705-10-6660

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary C Godlove
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 27 1873

8. AGE:

Years	Months	Days	If less than one day
66	6	0	____ hrs. ____ min.

9. Birthplace Wardensville W. Va.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business W. M. R. R. Co
FATHER 12. Name William Godlove
13. Birthplace Wardensville W. Va.
MOTHER 14. Maiden name Mary Elizabeth Arndorff
15. Birthplace Wardensville W. Va.
16. Informant Mrs. Mary C. Godlove
Address Security Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30-1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md
18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md
19. Jan. 29, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec- 30 1939, to Jan- 27 1940, and that I last saw him alive on Jan- 27 1940.

Immediate cause of death	DURATION
Uraemia, chronic	21 days
Due to Nephritis, chronic	6-8 yrs
Due to Arteriosclerosis	8-10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H Wishard M. D. or other
Address Waynesboro Pa Date signed 1/29/40

Dr Wishard

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

1033

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 718 Salem ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 718 Salem ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna May Golden

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William L. Golden

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): May 8-1874

8. AGE: Years 65 | Months 8 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cearfoss, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Samuel Carty

13. Birthplace: Cearfoss, Md.

MOTHER

14. Maiden name: Louise Anna Beard

15. Birthplace: Cearfoss, Md.

16. Informant: W. L. Golden

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 16-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons.

Address: Hagerstown, Md.

19. Jan 16. 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14, 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16. 1939, to Jan. 14. 1940 and that I last saw her alive on January 13, 1940.

Immediate cause of death: Hypertensive cardio-vascular-renal disease.

DURATION (Years)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operation

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: La Bell M. D. ~~or other~~

Address: Hagerstown Md. Date signed: 1/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

1034

Reg. Dist. No. 301

1. PLACE OF DEATH:

County: Washington County

City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 25 W Salisbury St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 72 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 25 Salisbury St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George W. Grimes

3. (b) Social Security Number: 219-05-2173

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pearl Wolford Grimes

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Dec 13 1867

8. AGE: Years: 72 Months: 1 Days: 4 If less than one day: hrs. min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation: Leather finisher Tannery

11. Industry or business:

FATHER
12. Name: William H. Grimes
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan C McElroy
15. Birthplace: Maryland

16. Informant: Pearl Grimes (wife)

Address: 25 Salisbury St. Williamsport Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 20 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md.

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. Jan 18 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/17/40 19 , at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/4/38 19 to 1/17/40 19 , and that I last saw him alive on 1/17/40 19 .

Immediate cause of death: Cardio Vascular Renal Disease

Due to: Ch. Parenchymatous Nephritis

Due to: Ch. Infectious Arthritis

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

CURATION: 2½ yrs / 2 yrs / 2½ yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ralph L Young M. D. or other

Address: Williamsport, Md Date signed: 1/18/40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

1035

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

~~Street address~~, hospital, or ~~institution~~: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 weeks.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: near Hagerstown Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hagerstown Route 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie R. Hanson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: Frank Hanson

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 17 1862

8. AGE:

Years	Months	Days	If less than one day
77	8	1	hrs. min.

9. Birthplace: Downsville, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Noah Fowler

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Mary Taylor

15. Birthplace: Downsville, Md.

16. Informant: George W. Hanson

Address: Big Pool, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 21-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Riverview

Location: Williamsport, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Jan. 20. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18 1940, at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 21 1939 to Jan 18 1940, and that I last saw h~~e~~ alive on Jan 17 1940.

Immediate cause of death: Fractured neck of left femur.

Due to: Myocarditis

Due to: Senile bronchopneumonia

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Dec 21 1939

Where did injury occur? near Clearspring, Washington (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): on farm

Means of injury: Fell in barn Injured at work?

23. SIGNATURE: L H O Brumbaugh M. D. or other

Address: 170 W. Washington St Date signed: 1/19/40

RECEIVED
FEB 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

1036

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 116 Fairground
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 116 Fairground Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Martha A. Harbaugh.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: John I.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feby 17 - 1850
8. AGE: Years 89 Months 10 Days 24. If less than one day ____ hrs. ____ min.
9. Birthplace: Deerfield Fred Co Md. (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Jos B. Brown
13. Birthplace: Deerfield Md.
MOTHER
14. Maiden name: Mary Buhrman
15. Birthplace: Deerfield Md.
16. Informant: Jesse H Harbaugh.
Address: Hagerstown, Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Jany 12 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown Md.
19. Jan. 12, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 10 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4, 1939, to Jan. 10, 1940, and that I last saw her alive on Jan 10, 1940 19__.

	DURATION
Immediate cause of death: Mitral & aortic insufficiency c Cardiac Failure	Dec. 20, 39
Due to	
Due to: Arteriosclerosis	2 yrs +
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. Horan Yeager M. D. or other
Address: Hagerstown, Md Date signed: Jan. 16, '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Yeager.

RECEIVED
FEB 5 1940
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95C)

1037

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Western Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Luther Higgens.
3. (b) Social Security Number 317-09-9608

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced widower.
6 (b) Name of husband or wife Clarene
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 1 - 1870
8. AGE: Years 69 Months 3 Days 10 If less than one day hrs. min.
9. Birthplace Blairs Valley Wash. Co Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired.
FATHER 12. Name Martin Luther Higgens.
13. Birthplace Clear Springs. Md.
MOTHER 14. Maiden name Mary Clopper
15. Birthplace Clear Springs Md
16. Informant John M. Higgens.
Address Hagerstown Md R#4
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jan. 14, 1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem
Location Hagerstown Md.
16. Funeral director Andrew K Coffman
Address Hagerstown. Md
19. Jan. 12. 1940 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 11 1940, at 8 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1938 to Jan 11 1940, and that I last saw him alive on Jan 11 1940.
Immediate cause of death Arterio-sclerotic heart disease — DURATION 5 yrs
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F F Lusby MD M. D. or other
Address 170 W Washington St Date signed 1/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Lusby.

RECEIVED
FEB 5 1940
BUREAU V. M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1038

1. PLACE OF DEATH (131-C)

County Washington — Registration Dist. No. 307

Village or City Hancock — No. ____ St. ____ Ward ____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 52 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Edward Hoffmaster — If U. S. Veteran, specify WAR World War.

(a) Residence: No. Hancock Wash Co. Md. Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: none.

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	52	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME James Hoffmaster

14. BIRTHPLACE (city or town) Maryland. (State or country)

MOTHER

15. MAIDEN NAME Margaret Clipp.

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT William Hoffmaster

(Address) Hancock, Wash Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Augusta, Wash. Co. Md. Date Jan. 7, 1940

19. UNDERTAKER C. H. Fute & Bro (B. Lee Fute)

(Address) Brunswick Maryland.

20. FILED Jan 5, 1940 — Cornelius N. Castle, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 4 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to Jan 4, 1940

I last saw him alive on Dec 1, 1939; death is said to have occurred on the date stated above, at 10:30 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	1-4-40
Other **Contributory Causes** of importance: Chronic Interstitial Nephritis	1938

Name of operation none — Date of ____

What test confirmed diagnosis? Uremia — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Thomas Dutton M. D.

(Address) Brunswick Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13-0) Reg. Dist. No. 304

CERTIFICATE OF DEATH

1039

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hancock, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Main Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 11 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
(d) Street No. Main Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** John L. Horst

3 (b) If veteran, name war: Civil War
3 (c) Social Security No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Margaret E. Horst
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1841

8. AGE: Years 99 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Lancaster County, Pa. (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name John S. Horst
13. Birthplace Bainbridge, Pa.

MOTHER
14. Maiden Name Catherine Longanecker
15. Birthplace Lancaster, County, Pa.

16 (a) Informant Mrs. Charles H. Corbett
(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Reformed
Location Quentin, Pa.

18 (a) Funeral director Snyder-Rowland
(b) Address Hancock, Md.

19 (a) 1/24/40 (Date rec'd by registrar) (b) T. B. Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death January 23, 1940, at 1:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1935, to 1-23 1940, and that I last saw him alive on 1-23 1940.

Immediate cause of death	Duration
Hypostatic pneumonia	3 days
Due to Senile Debility	
Due to Cardio-vascular-renal disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Cemetery (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Zobel M.D. (M. D. or other)
Address Hancock Md Date signed 1-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

1040

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Near Pinesburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Near Pinesburg Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbera Margret Jacobs

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 ~~1940~~ 1935

8. AGE: Years 5 | Months — | Days — | If less than one day hrs. min.

9. Birthplace Downsville
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Issac B. Jacobs
13. Birthplace Greensburg w. Va.

MOTHER
14. Maiden name Catherine Elizebeth Schuller
15. Birthplace Allen town pa.

16. Informant Issac B. Jacobs

Address Near Pinesburg Md.

17. Spring Mills Date thereof Jan. 24 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Mills

Location Spring Mills W. va.

18. Funeral director Edith V. Leaf

Address 7 Church Williamsport Md.

19. Jan. 23. 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23-40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-22-40 19 , to 1-23-40 19 ,

and that I last saw h alive on 19

Immediate cause of death Scarlet Fever — DURATION 1-19-40

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young Mee
M. D. or other

Address Hagerstown Md Date signed 1-23-40

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FEB 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164a)

1041

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County: Washington
City or town: Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington
City or town: Sharpsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sally Leonora Johnson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Johnson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 6, 1862

8. AGE: Years 77 | Months 7 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Sharpsburg-Wash.- Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Ben S. Brashears
13. Birthplace: Sharpsburg- Md.

MOTHER
14. Maiden name: Johanna Renner
15. Birthplace: Sharpsburg

16. Informant: Mrs. J. M. Callahan
Address: Sharpsburg- Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 7 1940 (month) (day) (year)
Cemetery or crematory: Mt. View
Location: Sharpsburg- Md.

18. Funeral director: R. I. Earnshaw
Address: Keedysville, Md.

19. Jan 6 1940 (Date rec'd by registrar) Ely Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 4 1940, at 2 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Suffocation
Due to: by hanging
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION: 1-4-40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 1-4-40
Where did injury occur? Sharpsburg (City or town) Wash. (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: Hanging Injured at work? —

23. SIGNATURE: S. Rohr & Wells Deputy Med. Ex. Wash. Co. Md. M. D. or other
Address: Hagerstown Md Date signed 1-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

1042

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1914 Virgina Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wash. Co.

City or town Hagerstown, Md. Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1914 Virgina Ave.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Laura Virginia Krebs.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harvey Krebs

71 years 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1867

8. AGE: Years 72 Months 11 Days 22 If less than one day hrs. min.

9. Birthplace Tilghmanton Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Joshiah Bloom
13. Birthplace Near Funkstown

MOTHER
14. Maiden name Elenora Fitch
15. Birthplace Keedysville

16. Informant Florence Krebs

Address 1914 Virgia Ave. Hag. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 25, 1940 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Williamsport Md.

18. Funeral director Edith v. Leaf

Address 7 Church St. Williamsport Md.

19. Jan. 23, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1940, at 10:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20, 1939, to Jan. 22, 1940, and that I last saw her alive on Jan 22, 1940.

Immediate cause of death: Aortic & Mitral Insufficiency — DURATION 3-20-39
Arteriosclerosis — 3-20-39

Due to Chronic Bronchitis
Cardiac — 1 yr +

Due to Chronic Arthritis — 1 yr +

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md Date signed 1-23-40

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FEB 5 1940
BUREAU V. S.

If no answer write, write

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (109) (15)

CERTIFICATE OF DEATH

1043

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna. County Phila
City or town Philadelphia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4130 S. 84th St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR member of SCS4 Waynesboro Pa

3. (a) FULL NAME Edward Lee Jr

3. (b) Social Security Number 167-16-0736

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1921

8. AGE: Years 18 | Months 4 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Phila. Pa.
(Town, county, and state)

10. Usual occupation General Helper

11. Industry or business

FATHER 12. Name Edward Lee, Sr.

13. Birthplace New Jersey

MOTHER 14. Maiden name ? McBurke

15. Birthplace Phila. Pa.

16. Informant S.C.S Corps Records
Address Waynesboro Pa

17. Philadelphia Pa Date thereof Jan 24, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Sepulchre Cemetery

Location Yeadon, Del. Co. Pa.

18. Funeral director Ernest H. Nickel

Address Waynesboro, Pa.

19. Jan. 24. 19 40 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 40, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 19 40, to Jan 24 19 40, and that I last saw him alive on Jan 24 19 40.

Immediate cause of death	DURATION
Pneumonia	2 days.
Due to Staphylococcic	
Due to Bacteremia & Staphylococcic	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest H Poole M.D.
M. D. or other
Address Hagerstown Md. Date signed 11/24/40

VS-A15 (T) (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

1044

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: City Hall Bldg N. Potomac St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Baltimore Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2414 W. Lafayette Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Lindenberg

3. (b) Social Security Number 214-03-0392

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A. Lindenberg
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 25, 1882

8. AGE: Years 57 | Months 7 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Elevator Construction
11. Industry or business: Otis & Warsaw Elevator Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Agusta ?/
15. Birthplace: Unknown

16. Informant: Mrs. Mary A. Lindenberg
Address: 2414 W. Lafayette Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/18/40 (month) (day) (year)
Cemetery or crematory: Mt. Carmel
Location: Baltimore County, Maryland

18. Funeral director: Wm. J. Tickner & Sons, Inc.
Address: North & Pennsylvania Avenues

19. 1-16-1940 (Date rec'd by registrar) Baltimore, Md. Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940, at 11A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Coronary Occlusion — DURATION 1/16/40
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: NO
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Mills Deputy Med. Exam. Wash. Co., Md. M. D. or other
Address Hagerstown, Md. Date signed 1/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1045

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or Town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel L. McClannahan

3. (b) Social Security Number 215-09-7371

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Sarah McClannahan
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 - 1878

8. AGE: Years 61 | Months 7 | Days 26 | If less than one day hrs. min.

9. Birthplace Williamsport, Washington Md. (Town, county, and state)
10. Usual occupation Shipping Clerk
11. Industry or business Byron's Tannery.

FATHER
12. Name Matthew J. McClannahan
13. Birthplace State Line, Pa.

MOTHER
14. Maiden name Frances Ardinger
15. Birthplace Williamsport Md.

16. Informant Mrs. Sarah McClannahan
Address Williamsport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13, 1940 (month) (day) (year)
Cemetery or crematory Riverview
Location Williamsport Md
18. Funeral director C. M. Suter & Sons
Address Hagerstown Md.

19. Jan. 12, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Jan. 10 1940, at 8:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death — DURATION
(a) Gun shot wound chest — 1/9/40
Due to
(b) Hemorrhage and shock — 1/10/40
Due to
(c)
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy as above 1/10/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 1/9/40
Where did injury occur? Williamsport (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Street
Means of injury .410 shot gun Injured at work? NO

23. SIGNATURE Robert Mills Deputy Med. Exam. Wash. Co., Md. M. D. or other
Address Hagerstown Md. Date signed 1/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

1046

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1006 Potomac ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1006 Potomac ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances McLaughlin

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Thomas McLaughlin

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12 - 1860

8. AGE: Years 79 ~~84~~ Months 6 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Dublin, Ireland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Richard Lynch
13. Birthplace Dublin Ireland

MOTHER
14. Maiden name Frances Balfe
15. Birthplace Dublin Ireland

16. Informant Mrs. John E. Carey
Address Hagerstown, Md

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof Jan. 25-1940
(month) (day) (year)

Cemetery or crematory St Paul Cem.

Location Arlington, Mass

18. Funeral director C. M. Suter & Sons.
Address Hagerstown, Md.

19. 1 - 25 - 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25, 1940, at 1:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27, 1939, to Jan 25, 1940, and that I last saw her alive on Jan 24, 1940.

Immediate cause of death Pulmonary Edema

Due to Chronic Myocarditis
Arteriosclerosis, general

Due to

Other conditions Endarteritis Obliterans (senile)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
1½ days
Indef.
"
1 yr.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Kneisley M.D.
M. D. or other

Address 148 W. Wash St. Hagerstown Md Date signed 1/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Butler.

1047

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 3021

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Washington WITHIN CORPORATE LIMITS OF

Village or City Hagerstown (No. ____ Wash Co. Hospital St.: 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby unknown Miller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Undetermined	White	Single

6 DATE OF BIRTH: Jan. (Month) 16 (Day), 1940 (Year)

7 AGE: 0 yrs. 0 mos. 0 ds. | If LESS than 1 day 0 hrs. or 0 min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed or (employer): none

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Howell Gardner Marshall

11 BIRTHPLACE OF FATHER (State or country): Washington, D.C.

12 MAIDEN NAME OF MOTHER: Irene Virgie Miller

13 BIRTHPLACE OF MOTHER (State or Country): Hagerstown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irene Virgie Miller

(Address) 17 N. Mulberry, Hagerstown, Md.

15 Filed Feb. 1 1940 Chas. H. Byers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 16 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan. 16 1940 to Jan 16, 1940 that I last saw h ~~alive~~ still born on Jan. 16, 1940, and that death occurred on the date stated above, at 2 a.m.

The CAUSE OF DEATH * was as follows:

Premature birth.

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Secondary

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. W. Beachley M. D.

Jan 31 1940 (Address) Hagerstown, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? 0

Former or usual residence 0

19 PLACE OF BURIAL OR REMOVAL: Wash. Co. Hospital

DATE OF BURIAL: ____, 19____

20 UNDERTAKER: Cremation

ADDRESS: none

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44a)

CERTIFICATE OF DEATH

1048

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Smithsburg rnd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Four years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wash.
City or town Near Hagerstown rnd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Home
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Loyola Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife Jonathan M. Miller

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 24 1865

8. AGE:

Years	Months	Days	If less than one day
75	—	20	— hrs. — min.

9. Birthplace Near Hagerstown Fred Co md (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business none

FATHER
12. Name John H. Hoover
13. Birthplace Near Hagerstown Fred Co md

MOTHER
14. Maiden name Sarah Cawald
15. Birthplace Near Smithsburg md
16. Informant John Hoover
Address 234 S. Locust St Hagerstown

17. (Burial, cremation, or removal. Which?) Date thereof 10 24 1940 (month) (day) (year)
Cemetery or crematory Hagerstville Fred Co
Location Hagerstville Fred Co md
18. Funeral director Leo B. Hoover
Address Smithsburg md
19. Jan 22 1940 (Date rec'd by registrar) Geo W Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 1230 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1940, to Jan 24 1940 and that I last saw h alive on Jan 21 1940

	DURATION
Immediate cause of death Coronary Thrombosis	3 Hours
Due to Arterio Sclerosis	4 yrs
Due to Old Age	10 yrs
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE G. E. Kohler M. D. or other
Address Smithsburg Date signed 1/22/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1049

Reg. Dist. No. 302

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 533 Reynold ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 39 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 533 Reynold ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Elliott Miller

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife: Dr. James B. Miller

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): April 16-1859

8. AGE:

Years	Months	Days	If less than one day
80	8	24	hrs. min.

9. Birthplace: Snow Shoe, Pa. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home.

FATHER — 12. Name: Dr Miller Stewart

FATHER — 13. Birthplace: Manor Hill, Pa.

MOTHER — 14. Maiden name: Patsy Elliott Skaw

MOTHER — 15. Birthplace: Moscow Md.

16. Informant: Walter S. Miller

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Jan 13 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11. 1940, at 12 [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1939, to Jany 11 1940, and that I last saw h[illegible] alive on Jany 10 1940.

Immediate cause of death: Lobar Pneumonia

Due to:

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

20 operations:

20 autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

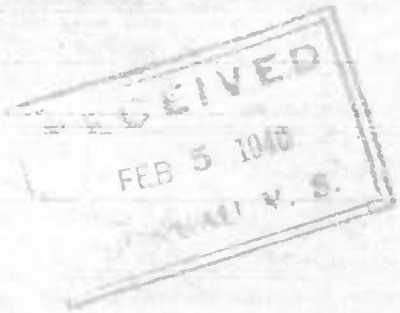
23. SIGNATURE: W. D. Campbell M.D. or other

Address: Hagerstown Md. Date signed: Jany 13 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15


RECEIVED
FEB 5 1918
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (117-B)

CERTIFICATE OF DEATH

1050

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 weeks.
Stay in this community (yrs., or mos., or days) 15 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 729 W. Wash. St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James L. Moore.
3. (b) Social Security Number none

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Anna.
6(c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) May 17 - 1894
8. AGE: Years 45 Months 8 Days 1. If less than one day ___ hrs. ___ min.
9. Birthplace Binghamton Broome Co N.Y. (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Magazines.
FATHER 12. Name Clinton Moore
13. Birthplace Binghamton N.Y.
MOTHER 14. Maiden name Sarah Wheaton
15. Birthplace Binghamton N.Y.
16. Informant Mrs. J. L. Moore
Address Hagerstown, Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jany 20-1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown, Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Jan. 19, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 18 1940, at 8 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1 1939, to 1/18 1940, and that I last saw him alive on 1/17 1940.

Immediate cause of death Infarction of left ventricle of heart — DURATION unknown
Due to
Due to
Other conditions Twin ulcers of duodenum with hemorrhage into bowel — 4 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M. D. or other
Address 170 W Washington Date signed 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

V. Lusby.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

1051

Reg. Dist. No. 322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. St. Paul St. (If rural give LOCATION)

2(a) IF VETERAN, ~~NAME WAR~~

3. (a) FULL NAME Ingart Netz.

3. (b) Social Security Number None!

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January-31-1940

8. AGE: Years — Months — Days — If less than one day 5 hrs. 30 min.

9. Birthplace Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Luther C. Netz.

FATHER 13. Birthplace Boonsboro Wash. Co. Md.

MOTHER 14. Maiden name Viola Morrison

MOTHER 15. Birthplace Beaver Creek Wash. Co. Md.

16. Informant Luther C. Netz.

Address Boonsboro Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof February-1-1940 (month) (day) (year)

Cemetery or crematory Locust Grove Cemetery

Location Locust Grove Md.

18. Funeral director W. H. Bast & Son

Address Boonsboro Md.

19. Feb. 1. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

	DURATION
Immediate cause of death: Prematurus Birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Staton M.D. M. D. or other

Address Keedysville Md. Date signed Jan 31, 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1052

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 56 Harmon alley

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 56 Harman alley
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Newman

3. (b) Social Security Number none

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Augusta Newman

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years 31 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Charlestown W. Va.
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business Domestic

FATHER
12. Name Frank Williams
13. Birthplace W. Va.

MOTHER
14. Maiden name Lula Williams
15. Birthplace Charlestown W. Va.

16. Informant John Newman

Address 26 Harman alley

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-25-40 (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Charlestown W. Va.

19. Funeral director Melvin Strider

Address Charlestown W. Va

19. Jan. 23, 40 (Date rec'd by registrar) Chas. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1940, at 11.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her alive on ___ 19___.

Immediate cause of death Chronic myocarditis — DURATION 1935

Due to Acute dilatation heart — 1-22-40

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Mills Deputy Med. Ex. Wash. Co., Md. M. D.

Address Hagerstown Md. Date signed 1/23/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

1053

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 706 W. Franklin St
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 706 W. Franklin St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Agnes I Nusslan.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married.

6 (b) Name of husband or wife S. Harry.
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct 27- 1869.

8. AGE:

Years	Months	Days	If less than one day
70	2	25	____ hrs. ____ min.

9. Birthplace Union Bridge Frd. Co. Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name David G Ogle
13. Birthplace Union Bridge Md.

MOTHER
14. Maiden name MaryEllen Wilson
15. Birthplace Bark Hill Md.

16. Informant S. Harry. Nusslan.
Address Hagerstown. Md.

17. Burial. Date thereof Jany. 24-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown. Md

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. Jan. 25 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 21. 1940, at 9 45-47 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1925, to Jany 21 1940, and that I last saw h alive on Jany 20 1940.

Immediate cause of death	DURATION
Sarcoma breast	12-15 Mos
Due to Chondroma 15 yrs	
Due to duration	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. B. Campbell M. D. or other
Address Hagerstown Md. Date signed 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

W. B. Campbell

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1054

Reg. Dist. No. 30-3

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wash.

City or town Clear Spring - R.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clear Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jobe Gregory Peck

3. (b) Social Security Number 220-09-9288

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Nora Peck

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 19, 1873

8. AGE: Years 66 | Months 8 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Oliver Peck

13. Birthplace Franklin Co.

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Nora Peck

Address Clear Spring Md. R.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 28 - 1940 (month) (day) (year)

Cemetery or crematory Blair's Valley

Location " "

18. Funeral director Snyder - Rowland

Address Clear Spring, Md.

19. Jan 27 1940 (Date rec'd by registrar) Joseph A. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 2.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 22 1940, to January 25 1940, and that I last saw him alive on January 24 1940

	OURATION
Immediate cause of death Tuberculosis, Acute. Miliary	15 days -
Due to Tuberculosis. Pulmonary	?
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles Robert Cohen M. D.

Address Clearspring, Md. Date signed 1/26/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1440)

CERTIFICATE OF DEATH

1055

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown R.D 4 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Paul R Petre

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Elizebeth E Petre

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb 4 1899

8. AGE: Years	Months	Days	If less than one day
40	11	12	____hrs. ____min.

9. Birthplace Near Paramount Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John H Petre
13. Birthplace Near Paramount Wash. co Md.
MOTHER 14. Maiden name Mary E Byers
15. Birthplace Near McConnellsburg Pa
16. Informant J Mark Petre
Address Maugansville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 19 1940 (month) (day) (year)
Cemetery or crematory Riffs Mennonite Cmty
Location Near Clearspring Md
18. Funeral director Scott F. Minnich Son
Address Hagerstown Md.
19. Jan. 18. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Gun shot wound of skull	1/12/40
Due to Intra cranial hemorrhage	1/16/40
Due to bullet wound of brain	
fracture skull	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 1/12/40
Where did injury occur? Maugansville, Wash., Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury 22 rifle Injured at work? NO

23. SIGNATURE J Robert W. Ellis Deputy Med. Exam. Wash. Co., Md. M. D. or coroner
Address Hagerstown Md. Date signed 1/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
FEB 5 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

1056

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington

City or town Williamsport (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 37 West Church St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 37 West Church (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Hall Poffenbarger

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ruben A. Poffenbarger

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 9 1877

8. AGE: Years 65 Months 10 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace near Williamsport Wash. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name James Hall

13. Birthplace Rockingham Co. Va.

MOTHER

14. Maiden name Mary Elizebeth Morvavy

15. Birthplace Willlamsport Md

16. Informant Sam HHall

Address Church St Wllliamsport Md

17. burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30 1940 (month) (day) (year)

Cemetery or crematory Riverview Cem.

Location Williamsport Wash. co. Md.

16. Funeral director Edith V. Leaf

Address Williamsport Wash. co. Md.

19. Jan 30 1940 (Date rec'd by registrar) Mrs E. Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 27 1940, and that I last saw him alive on Jan. 27 1940.

Immediate cause of death

Due to Pulmonary Edema. Arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 hours. (?)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE I. M. Pennington M. D. or other

Address Williamsport Md. Date signed 1/29/40

RECEIVED
FEB 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1057

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give towu)

Street address, hospital, or institution:
636 Highland Way

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 52
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 636 Highland Way
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Jenny Florence Renner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife Francis E. Renner

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) December 15, 1870

8. AGE: Years	Months	Days	If less than one day
69	0	20	____hrs. ____min.

9. Birthplace Myersville- Fredk. Co., Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name Benjamin Hoover
13. Birthplace Myersville, Md.

MOTHER
14. Maiden name Elizabeth Holtzman
15. Birthplace Frederick Co., Md.

18. Informant Francis E. Renner

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 1-5- (Date rec'd by registrar) 1940 Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1940 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1 1940, to Jany 4 1940, and that I last saw her alive on Jany 3 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions Hemiplegic - 3-4 years.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Campbell M. D. or other

Address Hagerstown Md. Date signed Jany 4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU U. S.

1058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52f)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Home

Stay in hospital or inst. (yrs., or mos., or days): 4 Years

Stay in this community (yrs., or mos., or days): All his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 19 East Franklyn St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Daniel O. Reynolds.

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C. Reynolds.

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): November 23, 1865.

8. AGE: Years: 74 Months: 2 Days: 00000 If less than one day: hrs. min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Rail Road labor.

11. Industry or business:

FATHER
12. Name: Andrew Reynolds.
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: ?? Shank
15. Birthplace: Washington County, Md.

16. Informant: Mrs Mary Barber (Daughter)

Address: 19 E. Franklyn, St, Hagerstown.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 25, 1940 (month) (day) (year)

Cemetery or cremafory: Rest Haven Cemetery

Location: Hagerstown

18. Funeral direcfor: Fred W. Kraiss.

Address: Hagerstown,

19. Jan. 25, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 23 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 23 1940, and that I last saw h 17 alive on Jan 23 1940

Immediate cause of death: Myocarditis (Chronic)

Due fo

Due fo

Other conditions: Carcinoma Bladder ?
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following:

Accidenf, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured ef work?

23. SIGNATURE: K. H. Bradley M. D. or other

Address: Hagerstown, Md. Date signed: Jan 27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

1059

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Williamsport

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 South Conocheague St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 114 Conocheague

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Essie Agnes Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Charles Robinson

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1886

8. AGE: Years	Months	Days	If less than one day
53	3	3	____ hrs. ____ min.

9. Birthplace Sharpsburg Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Murphy

13. Birthplace Ireland

MOTHER 14. Maiden name Jennie Swain

15. Birthplace Sharpsburg Wash. Md.

16. Informant Victor Robinson

Address 114 Conocheague St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 22 1940 (month) (day) (year)

Cemetery or crematory Green Lawn Cemetry

Location Williamsport Md.

18. Funeral director Edith V. Leaf

Address 7 Church Williamsport Md.

19 Jan 21 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1940, at 6 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 20 1940, and that I last saw h-er alive on Jan. 20 1940.

Immediate cause of death	DURATION
1. Myocarditis Chronic	
2. Pulmonary Oedema.	
Due to	
Due to	
Other conditions Heart.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wm. Zimmerman M. D. or other

Address Williamsport Md. Date signed 1/21/40

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

1060

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash Co. Home
Stay in hospital or inst. (yrs., or mos., or days) 10 years
Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wash Co. Home Carrollton Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Robinson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ---
6(c) If wife, give age ---- years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 78 | Months: — | Days: — | If less than one day: ---- hrs. ---- min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation None

11. Industry or business ---

FATHER 12. Name Unknown
13. Birthplace unknown

MOTHER 14. Maiden name (1) Hoover
15. Birthplace Unknown

16. Informant Mr Harry Hutson
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 20-1940 (month) (day), (year)

Cemetery or crematory Wash Co. Home

Location Hagerstown Md

18. Funeral director Scott Z. Minnick Hom
Address Hagerstown Md

19. Jan 20, 1940 (Date rec'd by registrar) Chas H Hoover Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at ---- M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1937 to Jan 19 1940, and that I last saw h/r alive on Jan 19 1940

Immediate cause of death	DURATION
(a) Myocarditis	
Due to (b) General Arterio Sclerosis	
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations ----
Dt autopsy ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? ---- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ----
Means of injury ---- Injured at work?

23. SIGNATURE J H Bradley M D
M. D. or other
Address Hagerstown, Md Date signed Jan 19/40

Dr Bradley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 (T) (I)

RECEIVED
FEB 5 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-d

1061

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 603 W. Franklin -
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown - Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 603 W. Franklin St
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR no -

3. (a) FULL NAME Mrs Laura Virginia Robison.

3. (b) Social Security Number no -

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harry
6(c) If alive, give age 72. years

7. Birth date of deceased (mo., day, yr.) Jany 16 - 1872

8. AGE: Years 68 | Months 0 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace Williamsport Wash Co Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home.
FATHER 12. Name Samuel Grosh.
13. Birthplace Williamsport Md.
MOTHER 14. Maiden name Louisa Tice
15. Birthplace Williamsport Md.
16. Informant Harry Robison.
Address Hagerstown. Md.
17. Burial. Date thereof Jany 27 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Jan. 26. 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 24 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Jan 24 1940, and that I last saw her alive on Jan 24 1940.

Immediate cause of death Myocarditis, chronic
Due to Cerebral hemorrhage
Due to
Other conditions Right hemi-plegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter Layman, M.D.
M. D. or other
Address Jan 25, 1940 Hagerstown Md
Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Layman.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1314)

CERTIFICATE OF DEATH

1062

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown —
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: None 101 E. Antietam
Stay in hospital or inst. (yrs., or mos., or days) None.
Stay in this community (yrs., or mos., or days) 62 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown — Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 101 E. Antietam
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ira Eugene Rohrer

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Bertha
6(c) If alive, give age: 61. years
7. Birth date of deceased (mo., day, yr.): Dec 26 - 1877.
8. AGE: Years 62 | Months — | Days 18 | If less than one day ____ hrs. ____ min.
9. Birthplace: Beaver Creek Wash Co Md. (Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: Farm Implements —
FATHER 12. Name: John S. Rohrer
FATHER 13. Birthplace: Beaver Creek Md.
MOTHER 14. Maiden name: Florence Landis —
MOTHER 15. Birthplace: Beaver Creek Md.
16. Informant: J. Howard Rohrer
Address: Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Jany 16-1940 (month) (day) (year)
Cemetery or crematory: Rose N: Hl. Cemetery
Location: Hagerstown. Md.
18. Funeral director: Andrew F. Costman
Address: Hagerstown. Md
19. Jan. 15. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 13 1940, at 5:20 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/13/39 19 to 1/13/40 19, and that I last saw him alive on 1/13/40 19

	DURATION
Immediate cause of death: Uremia	1 Month
Due to Chronic Nephritis — Chronic tubular Nephritis, Hypertension Cardio-Vascular Renal Disease	2 years
Due to Arteriosclerosis of the Arteries and Kidneys	5 years
Other Conditions Arteriosclerosis Nephritis (Include pregnancy within 3 months of death)	2 years

Major findings:
Ot operations: None
Ot autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Ralph L Young M. D. or other
Address: Williamsport, Md. Date signed: 1/15/40

Dr. Young

RECEIVED
FEB 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

1063

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) none.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown — Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 209 E Irvin —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born Child of William N Rosser.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jany 6 - 1940

8. AGE: Years — Months — Days — If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown. Wash. Co Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name William N. Rosser
13. Birthplace Pittsburg. Pa.

MOTHER
14. Maiden name Ruth C. Ikena
15. Birthplace Albabany N.Y.

16. Informant William N Rosser
Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jany 8-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. 1-8- 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 6 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death

Due to Still Cr

Due to (6½ mos gestation)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Campbell M. D. or other

Address Hagerstown Md Date signed

H. E. T. Campbell.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

1064

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Main

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clyde Biggs Roulette

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary L. Smith Roulette

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 31, 1878

8. AGE:

Years	Months	Days	If less than one day
61	5	23	hrs. min.

9. Birthplace Sharpsburg- Wash.- Md.
(Town, county, and state)

10. Usual occupation Retired-farmer

11. Industry or business

FATHER 12. Name John Roulette

13. Birthplace Sharpsburg- Md.

MOTHER 14. Maiden name Anna Roherback

15. Birthplace Sharpsburg-Md.

16. Informant Mrs. Mary S. Roulette

Address Main Street- Sharpsburg

17. Burial Date thereof Jan. 25, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View

Location Sharpsburg, Md.

18. Funeral director R. I. Earnshaw

Address Keedysville, Md.

19. 1-24 1940 E. J. Boyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1940 19 , at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov- 1936, to Jan 23 1940 and that I last saw him alive on Jan 23 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 da
Due to Chronic C.V.R. disease with hypertension.	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Earnshaw M.D.
M. D. or other

Address Boonsboro, Md. Date signed 1-23-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-d

Reg. Dist. No. 303

1065

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Clearspring, Md. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Clearspring, Md. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Howard L. Rubeck

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Anna Rubeck

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1877

8. AGE: Years 62 | Months 7 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Washington Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name David Rubeck

13. Birthplace Washington Co.

MOTHER

14. Maiden Name Not Known

15. Birthplace ....

16 (a) Informant Bruce A. Rubeck

(b) Address Clearspring, Md. Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1940 (month) (day) (year)

(c) Cemetery or crematory Blairs Valley

Location Near Clearspring, Md.

18 (a) Funeral director Snyder-ROwland

(b) Address Clearspring, Md.

19 (a) Jan 4 1940 (Date rec'd by registrar) (b) Joseph W. Truman Jr. Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 2 1940 at 11.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15, 1939, to Jan 2, 1940 and that I last saw him alive on Dec. 17 1940

Immediate cause of death	Duration
Acute Endocarditis	2 weeks.
Due to Chronic Myocarditis	3 mo.
Due to Ischio Rectal Abscess	2 weeks.
Other conditions Chr. Bronchitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David R. Brewer M. D. or other

Address Clear Spring Date signed 1/3/40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

1066

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 4 weeks.

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 859 Dewey Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Luay J. Sagle Jr.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single -

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 15 - 1917.

8. AGE: Years 22 Months 6 Days 28. If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation In School.

11. Industry or business —

FATHER 12. Name Luay J. Sagle

13. Birthplace Hancock Town Md.

MOTHER 14. Maiden name Hattie Shanks

15. Birthplace Hagerstown, Md.

16. Informant Luay J. Sagle

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 14-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown, Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. 1 - 14 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Jan 12 1940, and that I last saw him alive on Jan 11 1940.

Immediate cause of death	DURATION
Glomerular Nephritis.	not known
Uremia	4 Wks
Due to Secondary Anaemia	not known
Auricarditis	1 Wk.
Due to Chronic Glomerular nephritis.	
Duration: Unknown.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Glomerular Nephritis.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest F. Zeigler M.D.

M. D. or other

Address Hagerstown Md Date signed 1/13/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1067

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 409 Liberty St.

Stay in hospital or inst. (yrs., or mos., or days) 1 none.

Stay in this community (yrs., or mos., or days) 69 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 409 Liberty St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary Elizabeth Semler.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, Married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jany 15 1871

8. AGE: Years	Months	Days	If less than one day
69	—	10	hrs. min.

9. Birthplace Hagerstown, Washington Co. Md. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business No-

FATHER 12. Name James Cramer.

13. Birthplace Hagerstown, Md

MOTHER 14. Maiden name Lydia Knoll.

15. Birthplace Hagerstown, Md.

16. Informant Miss Ruth Semler.

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jany 26-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem

Location Hagerstown, Md.

18. Funeral director Andrew R. Coffman

Address Hagerstown Md.

19. Jan. 26 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940 at 7.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Jan 25 1940, and that I last saw h. alive on Jan 18 1940.

Immediate cause of death

	DURATION
Chronic Glomerular Nephritis	3 yrs.
Due to Chronic Myocarditis	3 yrs.
Due to Carcinoma of Rectum	3 mo
Ulceration Lower right mandible.	2 wks.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Poole M.D. M. D. or other

Address Hagerstown Md Date signed 1/26/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Poole.

RECEIVED
FEB 5 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-2)

CERTIFICATE OF DEATH

1068

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 202 N. Potomac Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 202 N. Potomac Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: David A. Smith

3. (b) Social Security Number: 220-05-6550

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Rebecca Smith
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): July 21, 1868

8. AGE: Years: 71 | Months: 5 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Mercersburg- Franklin Co., Pa. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: John Smith
13. Birthplace: Franklin Co., Pa.

MOTHER — 14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: John Smith
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 15, 1940 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Jan. 15, 1940 (Date rec'd by registrar) Elliott Bowers Registrar

MEDICAL CERTIFICATION

P M

20. DATE OF DEATH: January 12, 1940, at 3:55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15, 1939, to Jan. 12, 1940, and that I last saw h- alive on Jan. 12, 1940.

Immediate cause of death	OURATION
Arteriosclerosis	2 yrs +
Cerebral Hemorrhage	10-15-39
Due fo + Hemiplegia Right side	
Due to Coronary Thrombosis	1-10-40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Df operations: None.
Df autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Howard Iverger M. D. or other
Address: Hagerstown, Md. Date signed: Jan. 14 '40

RECEIVED
FEB 5 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

1069

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Main Street
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 17 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~ ?

3. (a) FULL NAME Emma Arbelia Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife Charles W. Smith
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 28 - 1863

8. AGE: Years	Months	Days	If less than one day
76	10	19	____ hrs. ____ min.

9. Birthplace Myersville Fred. Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home.
FATHER 12. Name Jacob Ridenour
13. Birthplace Myersville Fred. Co. Md.
MOTHER 14. Maiden name Susan Ifert
15. Birthplace Myersville Fred. Co. Md.
16. Informant Mrs. Clara Gantz
Address Boonsboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Janu 19 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.
18. Funeral director Wm. J. Bast & Son
Address Boonsboro Md.
19. Janu 19 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to Jan 17 1940, and that I last saw h alive on Jan 16 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	1935
Due to	
Due to	
Other conditions	

(Includo pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. W. Cellan M. D.
M. D. or other
Address Boonsboro, Md. Date signed 1/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415 (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

1070

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1901 Virginia Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 59 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1901 Virginia Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry C. Snook.

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower.
6 (b) Name of husband or wife: Alice.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 20 - 1879.

8. AGE: Years 60 | Months 8 | Days 23. | If less than one day ____ hrs. ____ min.

9. Birthplace: Hillgrove Darke Co Ohio. (Town, county, and state)
10. Usual occupation: Merchant.
11. Industry or business: Grocery Store.
FATHER
12. Name: Scott Snook
13. Birthplace: Boonsboro Md.
MOTHER
14. Maiden name: Catherine Mundey.
15. Birthplace: Hagerstown Md.
16. Informant: Norman Snook
Address: Hagerstown, Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Jany 14-1940 (month) (day) (year)
Cemetery or crematory: Mausoleum Rose Hill Cem.
Location: Hagerstown Md.
18. Funeral director: Andrew K Coffman
Address: Hagerstown Md.
19. 1-14-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1940, at 6 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17, 1939 to Jan 12, 1940
and that I last saw him alive on Jan. 12, 1940
Immediate cause of death: Chronic Aortitis Aortic Insufficiency
Due to: Chronic Myocarditis with Insufficiency
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: Indef.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: B. B. Kneisley M. D. or other
Address: 148 W Wash St Hagerstown Md Date signed 1/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Kneisley.

RECEIVED
FEB 5 1949
BUREAU V. S.

1071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks.

Stay in this community (yrs., or mos., or days) 34 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 816 Maryland Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None.

3. (a) FULL NAME Casper L. Sowers.

3. (b) Social Security Number 705-10-5477

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Annie.

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 20 - 1874.

8. AGE: Years 65 | Months 8 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Luray Page Co. Virginia (Town, county, and state)

10. Usual occupation Machinist Helper.

11. Industry or business W. Md. R.R.

FATHER

12. Name Isaac Sowers.

13. Birthplace Luray Va.

MOTHER

14. Maiden name Lydia Smith

15. Birthplace Luray Va.

16. Informant Mrs Casper L. Sowers

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 2 - 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew W. Coffman

Address Hagerstown. Md.

19. Feb. 1. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 30 1940, and that I last saw him alive on Jan 30 1940.

Immediate cause of death: Uraemia — DURATION 1/12/40

Due to: Hypertrophy Prostate — ?

Due to: Nephritis Chr. — ?

Due to: Arteriosclerosis — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE H. L. Porterfield M.D. (M. D. or other)

Address 136 W Washington Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1314)

Reg. Dist. No. 803 1072

CERTIFICATE OF DEATH

VS. A15 (H)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Fairview, Near Clearspring (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Fairview Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Frisby Tillman Spickler

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary E. Spickler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1860

8. AGE: Years 79 | Months 0 | Days 17 | If less than one day hr. min.

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual occupation Proprietor Of Store

11. Industry or business General Store

FATHER 12. Name Tillman Spickler

FATHER 13. Birthplace Washington Co,

MOTHER 14. Maiden Name Susan Scheller

MOTHER 15. Birthplace Washington Co.

16 (a) Informant Mrs. Mary Spickler

(b) Address Clearspring, Md. Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14 1940 (month) (day) (year)

(c) Cemetery or crematory Luthern Cemetery

Location Fairview.

18 (a) Funeral director Snyder-Rowland

(b) Address Clearspring, Md.

19 (a) Jan 14 1940 (Date rec'd by registrar) (b) Frisby W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 10 1940, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939, to Jan 10 1940 and that I last saw him alive on Jan 10 1940.

Immediate cause of death	Duration
Arteriosclerosis, Chronic Nephritis	?
Hypertension cardio-vascular disease	?
Due to Prostatic hypertrophy Circulatory Collapse	4 hours-
Due to Uremia	19 days-
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clarence Robert Cohen M. D.

Address Clearspring, Md. Date signed 1/11/40

RECEIVED
FEB 6 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

1073

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 133 Elm St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 133 Elm St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Still born child of Joseph H. Teeters.

3. (b) Social Security Number: Non.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: Non.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 30, 1940 5.05 A.M.

8. AGE: Years | Months | Days | If less than one day

Dead when born. hrs. ____ min.

9. Birthplace: Hagerstown
(Town, county, and state)

10. Usual occupation: Non

11. Industry or business: Non

FATHER
12. Name: Joseph H. Teeters.
13. Birthplace: Martinsburg, W. Va.

MOTHER
14. Maiden name: Lottie Kershner
15. Birthplace: Washington County, Md.

16. Informant: Joseph H. Teeters.
Address: 133 Elm St, Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 30, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery.

Location: Hagerstown.

18. Funeral director: Fred W. Kraiss.

Address: Hagerstown

19. Jan 30 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30, 1940, at 5.05 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-30- 1940, to 1-30 1940, and that I last saw h ~~alive~~ on 1-30-40 19

Immediate cause of death: Still born

Due to: Full Term

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown Md Date signed 1/30/40

RECEIVED
FEB 8 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1074

Reg. Dist. No. 30 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 915 Hamilton Blvd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2½ yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 915 Hamilton Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Tilghman Titus

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Sarah.

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 22 - 1867

8. AGE:

Years	Months	Days	If less than one day
72	5	14.	____ hrs. ____ min.

9. Birthplace Hagerstown. Wash Co. Md.
(Town, county, and state)

10. Usual occupation Supervision

11. Industry or business C. & C. Telephone Co.

FATHER
12. Name Timothy Titus.
13. Birthplace Woodstock Va.

MOTHER
14. Maiden name Mary Withermore
15. Birthplace Emmitsburg Md.

16. Informant Mrs H.T. Titus.

Address Hagerstown. Md.

17. Burial. Date thereof Jany 7 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cem

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 1-7-40 Chas H Bowers
(Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939 to Jan. 5 1940 and that I last saw him alive on Jan. 5 1940.

Immediate cause of death	Uremia	
Due to	Chronic Nephritis	
Due to		
Other conditions	Cerebral Thrombosis	

DURATION

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Matthews, M. D.

Address Hagerstown, Md. Date signed Jan 6, 40

Dr Prather

RECEIVED
FEB 5 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1075

(107)

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown No. Veale & Security Rd. St., 4 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 13 mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bernice Naran Williams If U. S. Veteran, specify WAR ____

(a) Residence: No. Veale & Security Rd., 4 Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	/	/	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. X

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hagerstown (State or country) Md

FATHER

13. NAME James F. Williams

14. BIRTHPLACE (city or town) Hagerstown (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Maatz

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa

17. INFORMANT James F. Williams (Address) Hagerstown

18. BURIAL, CREMATION, OR REMOVAL
Place Funkstown Date 1/4, 1940

19. UNDERTAKER Lewis T. Rueckert (Address) Funkstown

20. FILED 1-4-, 1940 Chas. T. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 2, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 2:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12/29/39
Other Contributory Causes of Importance:	

Name of operation None Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. Robert Melly Deputy Med. Exam. M. D.

(Address) Hagerstown Wash., Co., Md.

1/3/40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
FEB 5 1928
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

1076

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 64 Randolph.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Week.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown. R#4 Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Reid.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry B. Wolfinger.

3. (b) Social Security Number

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced widower.

6 (b) Name of husband or wife Lydia.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 27-1870

8. AGE: Years 69 Months 8 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown. Wash Co Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER 12. Name David L Wolfinger

13. Birthplace Reid. Md.

MOTHER 14. Maiden name Eliz. Wolfensberger

15. Birthplace Sabillasville Md.

16. Informant Mrs Silas Delauter.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jany 9-1940 (month) (day) (year)

Cemetery or crematory Reformed County

Location Leitersburg. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Jan. 9, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 6. 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1940, to Jan. 6, 1940, and that I last saw him alive on Jan. 6, 1940.

Immediate cause of death Chronic myocarditis

DURATION

Due to

Due to

Other conditions Auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M. D. or other

Address Smithsburg Date signed 1.8.40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (122-B) See over

CERTIFICATE OF DEATH

1077

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11 W. Wilson Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruth E. Wright

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward B. wright
6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) August 13, 1902

8. AGE: Years 37 Months 5 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Fulton County, Pa.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name Jacob Long
13. Birthplace Franklin Co. Pa.

MOTHER
14. Maiden name Margaret Kerlin
15. Birthplace Franklin Co., Pa.

16. Informent Edward B. wright
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16, 1940 (month) (day) (year)
Cemetery or crematory Mountain View Cemetery
Location Sharpsburg, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 1-16- 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940 ~~12:50~~ Noon A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to Jan. 14 1940, and that I last saw her alive on Jan. 14 1940

Immediate cause of death	DURATION
Caesarian section	11/28/39
Due to Abdominal adhesions	Dec'39
Due to Partial intestinal obstruction	12/23/39
Other conditions Pelvic abscess	Dec.'39
Peritonitis	12/23/39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Mells, M.D.
M. D. ~~or other~~
Address Hagerstown, Md. Date signed 1/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

Discovered too late for Annual Report that this death should be classified as 147b. -10/6/41- GHC

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 304

1027

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County WASHINGTON.

(b) City or town HANCOCK (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: RFD

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County WASH

(c) City or town HANCOCK RD. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1 1/4 M W OF HANCOCK. (If rural give location) ALONG C & O CANAL.

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Fooks.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race COLORED

6 (a) Single, married, widowed, or divorced. SINGLE.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 13 1931

8. AGE: Years 8 Months 5 Days 7 If less than one day hr. min.

9. Birthplace ~~WES~~ WASH CO. MD. (Town, county, and state)

10. Usual occupation SCHOOL CHILD.

11. Industry or business

FATHER 12. Name NOT KNOWN.

13. Birthplace

MOTHER 14. Maiden Name GENEVA. YONKER.

15. Birthplace WASH CO MD

16 (a) Informant GENEVA YONKER.

(b) Address HANCOCK MD.

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof JAN 23 40 (month) (day) (year)

(c) Cemetery or crematory HOUSE OF JACOB.

Location HANCOCK MD.

18 (a) Funeral director T P JENKINS.

(b) Address HANCOCK MD

19 (a) 1-20 40 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 20 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw him alive on 19 .

Immediate cause of death	Duration
Burned to death	1-20-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Jan. 20 1940

(c) Where did injury occur? Hancock (City or town) Wash. (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury House burned

23. Signature A. Robert Wells Deputy Med. Ex. Wash. Co. M. D. or other

Address Hagerstown Md. Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (180)

Reg. Dist. No. 304

CERTIFICATE OF DEATH

1078

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town HANCOCK (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: RFD.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County WASH

(c) City or town HANCOCK MD. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1¼ M W OF HANCOCK MD. (If rural give location) ALONG C&O CANAL.

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald. Yonker.

3 (b) If veteran, name war —

3 (c) Social Security No. None.

4. Sex M

5. Color or race COLORED

6 (a) Single, married, widowed, or divorced. SINGLE.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27-1928

8. AGE: Years 11 Months 6 Days 23 If less than one day hr. min.

9. Birthplace WASH CO. (Town, county, and state)

10. Usual occupation SCHOOL CHILD.

11. Industry or business

FATHER 12. Name JOHN T YONKER.

13. Birthplace WASH CO MD.

MOTHER 14. Maiden Name RATHERINE BULLET.

15. Birthplace W. VA.

16 (a) Informant JOHN YONKER

(b) Address HANCOCK MD

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 1-23-40 (month) (day) (year)

(c) Cemetery or crematory HOUSE OF JACOB

Location HANCOCK MD.

18 (a) Funeral director T. P. JENKINS.

(b) Address HANCOCK MD

19 (a) 1-20-40 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 20 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw him alive on — 19 —.

Immediate cause of death Burned to death — Duration 1-20-40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: No

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Jan. 20 1940

(c) Where did injury occur? Hancock (City or town) Wash. (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury House Burned Deputy Sheriff

23. Signature S. Robert Mills Wash. Co. M. D. or other

Address Hagerstown, Md. Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T) (I) (M)

RECEIVED
FEB 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (180) Reg. Dist. No. 304

CERTIFICATE OF DEATH

1079

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town HANCOCK. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R.F.D.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County WASH
(c) City or town HANCOCK MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 1/4 M W of HANCOCK MD (If rural give location) ALONG C & O CANAL
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Ida May Yonker

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1927

8. AGE: Years 12 | Months 10 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Wash Co. MD (Town, county, and state)

10. Usual occupation SCHOOL CHILD

11. Industry or business

FATHER 12. Name JOHN T. YONKER

FATHER 13. Birthplace WASH Co MD

MOTHER 14. Maiden Name CATHERINE BULLET

MOTHER 15. Birthplace VIRGINIA

16 (a) Informant JOHN YONKER.
(b) Address HANCOCK MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-23-1940 (month) (day) (year)
(c) Cemetery or crematory HOUSE OF JACOB
Location HANCOCK MD

18 (a) Funeral director T. P. JENKINS.
(b) Address HANCOCK MD

19 (a) 1-20-40 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION A.

20. Date of death Jan. 20 1940, at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Burned to death	1-20-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy Nail

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 20 1940
(c) Where did injury occur? Hancock (City or town) Wash (County) md, (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury House Burned Property used.

23. Signature Dr Robert Wells Co. Wash. Co. M. D. or other
Address Hagerstown, md. Date signed 1/20/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (180)

Reg. Dist. No. 304

CERTIFICATE OF DEATH

1080

1. PLACE OF DEATH:
(a) County WASHINGTON.
(b) City or town HANCOCK.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: RFD.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County WASH
(c) City or town HANCOCK. MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1¼ M W OF HANCOCK.
(If rural give location)
ALONG C & O CANAL.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Catherine Yonker.

3 (b) If veteran, name war

3 (c) Social Security No. None.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife John T. Younker Deceased

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) APR 10 1885

8. AGE: Years 54 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace West Virginia.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Own Home.

FATHER
12. Name ADAM BULLET.
13. Birthplace VA.

MOTHER
14. Maiden Name ELLA JACKSON.
15. Birthplace VA.

16 (a) Informant MRS ELLEN WADE.
(b) Address GEARDSTOWN W.VA.

17 (a) BURIAL. (b) Date thereof 1-23-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOUSE OF JACOB.
Location HANCOCK MD.

18 (a) Funeral director T P JENKINS.
(b) Address HANCOCK MD.

19 (a) 1-20-40 (b) T P Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 20 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw him alive on 19

Immediate cause of death	Duration
Burned to death	1-20-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan-20 1940
(c) Where did injury occur? Hancock (City or town) Wash. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury House burned respiratory head.

23. Signature D. Robert Wells Ex. Wash. Co. M. D. or other
Address Hagerstown Md Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(M) (T) (I)

RECEIVED
FEB 6 1940
BUREAU V. S.